

RONALD FANTOZZI

2 OF 18



STYLE OF CASE: Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: Ronald Fantozzi

FROM: St. Mary's Regional Medical Center
(Medical Records Department)
Campus Avenue
P.O. Box 291
Lewiston, ME 04243-0291
(207) 777-8100

DELIVER TO: Mr. Phillip J. Smith
VORYS, SATTER, SEYMOUR & PEASE, LLP
Atrium Two, Suite 2100
221 East Fourth Street
Cincinnati, OH 45202

Micorfilm/fiche - Best Copy Possible Per Custodian

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500685011-0001
THROUGH 500685011-0453.

THE MARKER-HOFF GROUP, INC

13105 NORTHWEST FREEWAY SUITE 300 HOUSTON TEXAS 77040 (T) 713 460 9070 (F) 713 460 6519 800 264 9070

WWW.MARKER-HOFF.COM

St. Mary's General Hospital
August 19, 2003

Attn: LINDSAY PARKER
MARKER'S LITIGATION SERVICES
13105 NORTHWEST FREEWAY, SUITE 300
HOUSTON, TX 77040

RE: 0221342 FANTOZZI, RONALD CHARGES: 268.00
PAYMENTS: 268.00

I, Pauline Pelletier, do hereby certify that I am the director, the duly authorized custodian of medical records for St. Mary's Regional Medical Center, Campus Avenue, Lewiston, Maine, a hospital licensed under the laws of the State of Maine.

I further certify that the documents attached hereto are true and complete copies of the medical records pertaining to: RONALD M FANTOZZI

TO WIT: LABORATORY REPORTS OF 07/10/03

RADIOLOGY REPORTS OF 06/05/03
02/05/03
05/15/02
03/31/02
08/09/01

COMPLETE DAY SURGERY RECORD OF 03/23/01
03/09/01

COMPLETE EMERGENCY RECORD OF 02/24/01
03/14/99
10/04/98
02/15/97
05/13/96
03/30/94

COMPLETE CLINIC RECORD OF 06/07/99
09/14/98
02/09/98

COMPLETE INPATIENT RECORD OF 10/05/98 TO 10/09/98
08/17/98 TO 08/20/98
09/16/97 TO 09/22/97

BECKY GOWER
Notary Public, Maine
My Commission Expires June 19, 2010

Dated at Lewiston, Maine this 19th day of August 2003.

Pauline Pelletier
Pauline Pelletier
Director



St. Mary's General Hospital
August 19, 2003

Letter continues for: MARKER'S LITIGATION SERVICES

Health Information Mgmt Services
St Mary's Regional Medical Center

STATE: MAINE

COUNTY: ANDROSCOGGIN

Ms Pelletier personally appeared before me on 8/19/03

Becky Cowles

Notary

Mailing Address: ST MARY'S REGIONAL MEDICAL CENTER
MEDICAL RECORDS DEPARTMENT
CAMPUS AVENUE
P.O. BOX 291
LEWISTON, MAINE 04243-0291

FANTOZZI, RONALD M
ACCT# 3107244
St. Mary's Online Information
HS-CRP

8/19/03
12:27:33

COLLECTED DATE/TIME: 7/10/03 1208
REPORTED DATE/TIME: 7/11/03 0209
ORDER#: 3667872

HIGH SENSITIVITY CRP (hs-CRP) 1.38
PLEASE NOTE NEW REFERENCE RANGE AS RECOMMENDED BY THE
AMERICAN HEART ASSOCIATION.
Relative Risk

Low	< 1.0 mg/L
Average	1.0 to 3.0 mg/L
High	> 3.0 mg/L

Results of an extensive study indicated 90% of a healthy population had hs-CRP levels <2.0 mg/L. Measurements of hs-CRP may add to the predictive value of other markers, but should not be used as a sole risk factor. Increases in hs-CRP are non-specific and should not be

INNWOOD

500685.011.0001

FANTOZZI, RONALD M
ACCT# 3107244

8/19/03
12:27:40

St. Mary's Online Information
COMPREHENSIVE MET. PANEL

COLLECTED DATE/TIME: 7/10/03 1208
REPORTED DATE/TIME: 7/10/03 1418

ORDER#: 3666841

CALCIUM	9.1	mg/dL	8.5-10.1
GLUCOSE	92	mg/dL	70-110
BLOOD UREA NITROGEN	13	mg/dL	7-22
CREATININE	0.9	mg/dL	0.6-1.3
TOTAL PROTEIN	7.7	g/dL	6.4-8.2
ALBUMIN	4.1	g/dL	3.3-5.0
GLOBULIN	3.6	g/dL	2.3-5.3
ALBUMIN/GLOBULIN RATIO	1.13		1.1-1.8
TOTAL BILIRUBIN	1.14	mg/dL	0.0-1.0
ALKALINE PHOSPHATASE	50	U/L	30-36
SGOT (AST)	99	U/L	8-42
SGPT (ALT)	139	U/L	0-55
SODIUM	140	mmol/L	136-145
POTASSIUM	4.0	mmol/L	3.5-5.1
CHLORIDE	102	mmol/L	98-110
CO2	28	mmol/L	23-33

COMMENT:

500685.011.0002

FANTOZZI, RONALD M	St. Mary's Online Information	8/19/03
ACCT# 3107244	HEPATIC FUNCTION PANEL	12:27:44
COLLECTED DATE/TIME:	7/10/03 1208	ORDER#:
REPORTED DATE/TIME:	7/10/03 1418	3666842

DIRECT BILIRUBIN	0.3	mg/dL	0.0-0.3
INDIRECT BILIRUBIN	1.0	mg/dL	0.0-0.7

COMMENT:

500685.011.0003

FANTOZZI, RONALD M
ACCT#: 3107244
COLLECTED DATE/TIME: 7/10/03 1208
REPORTED DATE/TIME: 7/10/03 1418

8/19/03
12:27:48

ORDER#: 36666843

LIPID PROFILE

	mg/dL						
CHOLESTEROL INTERPRETATION:							
Desirable: <200 mg/dL							
Borderline: 200 - 240 mg/dL							
High risk: >240 mg/dL							
TRIGLYCERIDES INTERPRETATION:							
Normal: <150 mg/dL							
Borderline High: 150 - 199 mg/dL							
High: 200 - 499 mg/dL							
Very High: > or = 500 mg/dL							
HIGH DENSITY LIPOPROTEIN	30	30	30	30	30	30	30
CALCULATED LDL	103	103	103	103	103	103	103
LDL INTERPRETATION:							
Optimal: <100 mg/dL							
Near Optimal: 100 - 129 mg/dL							
Borderline High: 130 - 159 mg/dL							
High: 160 - 189 mg/dL							
Very High: > or = 190 mg/dL							
CORONARY RISK FACTOR	5.43	5.43	5.43	5.43	5.43	5.43	5.43
INTERPRETATION							
TOTAL CHOL./HDL							
RISK							
MEN							
1/2 AVERAGE	3.43	3.43	3.43	3.43	3.43	3.43	3.43
2X AVERAGE	4.97	4.97	4.97	4.97	4.97	4.97	4.97
3X AVERAGE	9.55	9.55	9.55	9.55	9.55	9.55	9.55
	23.99	23.99	23.99	23.99	23.99	23.99	23.99
WOMEN							
1/2 AVERAGE	3.27	3.27	3.27	3.27	3.27	3.27	3.27
2X AVERAGE	4.44	4.44	4.44	4.44	4.44	4.44	4.44
3X AVERAGE	7.08	7.08	7.08	7.08	7.08	7.08	7.08
	11.04	11.04	11.04	11.04	11.04	11.04	11.04

COMMENT:

500685.011.0004

FANTOZZI, RONALD M	St. Mary's Online Information
ACCT#:	TSH (SM)
COLLECTED DATE/TIME:	8/19/03 1208
REPORTED DATE/TIME:	8/27/03 1418
ORDER#:	3666844

THYROID STIMULATING HORMONE 1.03 uIU/mL 0.34-4.82

COMMENT:

500685.011.0005

FANTOZZI, RONALD M	St. Mary's Online Information	8/19/03
ACCT#: 3107244	CPK	12:27.59
COLLECTED DATE/TIME:	7/10/03 1208	ORDER#: 3666753
REPORTED DATE/TIME:	7/10/03 1406	

CK TOTAL	65	U/L	21-232
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COMMENT:

500685.011.0006

FANTOZZI, RONALD M		St. Mary's Online Information	
ACCT# : 3107244		URINE MICROSCOPIC	
COLLECTED DATE/TIME:	7/10/03 1149	REPORTED DATE/TIME:	7/10/03 1322
		ORDER# : 3666641	
RBCS	+3	0-3	A
WBCS	NEGATIVE	/hp f	0-5
BACTERIA	NEGATIVE	/hp f	NEGATIVE
MUCUS	NONE SEEN	/hp f	NONE SEEN
SQUAMOUS CELLS	NEGATIVE	/hp f	NEGATIVE

COMMENT:

500685.011.0007

FANTOZZI, RONALD M
ACCTN: 3107244St. Mary's Online Information
URINALYSIS, ROUTINE8/19/03
12:28.09COLLECTED DATE/TIME: 7/10/03 1149
REPORTED DATE/TIME: 7/10/03 1322

ORDER# : 3666636

SPECIMEN REFRIGERATED?	NO	SLIGHTLY HAZY	CLEAR
APPEARANCE		YELLOW	YELLOW
COLOR		1.023	1.008-1.030
SPECIFIC GRAVITY		NEGATIVE	NEGATIVE
LEUKOCYTE ESTERASE		NEGATIVE	NEGATIVE
NITRITE		5.0	5-8
PH		TRACE	NEGATIVE
PROTEIN		NORMAL	NORMAL
GLUCOSE		NEGATIVE	NEGATIVE
KETONES		NORMAL	NORMAL
UROBILINOGEN		NEGATIVE	NEGATIVE
BILIRUBIN		APPROX 250	APPROX 250
OCCULT BLOOD		ERY/UL	ERY/UL

COMMENT:

500685.011.0008

FANTOZZI, RONALD M	St. Mary's Online Information
ACCT# 3107244	PRO TIME
COLLECTED DATE/TIME: 7/10/03 1208	8/19/03 12:28.13
REPORTED DATE/TIME: 7/10/03 1317	
ORDER# 3666614	

PROTHROMBIN TIME (PATIENT)	13.0
INT'L NORMALIZATION RATIO	1.11
SECONDS	11.0-13.5
	0.65-1.2

COMMENT:

500685.011.0009

FANTOZZI, RONALD M
ACCT#: 3107244
ST. MARY'S Online Information
CBC AUTO DIFF

8/19/03
12:28:17

COLLECTED DATE/TIME: 7/10/03 1208
REPORTED DATE/TIME: 7/10/03 1315

ORDER#: 3666606

WHITE BLOOD COUNT	6.9	1.0E3	4.5-10.9
RED BLOOD COUNT	4.57	1.0E6	4.7-6.1
HEMOGLOBIN	14.4	g/dL	14-18
HEMOCRIT	41.3		42-52
MEAN CORPUSCULAR VOLUME	90.4	#	80-94
MEAN CORPUSCULAR HEMOGLOBIN	31.6	L	27-31
MEAN CORPUSCULAR HGB CONC	34.9	H	33-37
RED CELL DISTRIBUTION WIDTH	17.8	pg	11.5-14.5
PLATELET COUNT	274	1.0E3	130-400
MEAN PLATELET VOLUME	8.0	fL	7.4-10.4
%LYMPHOCYTES (COULTER)	28.1	20-35	
%MONOCYTES (COULTER)	12.7	0-15	
%GRANULOCYTES (COULTER)	57.4	55-81	
%EOSINOPHILS (COULTER)	1.4	0-3	
%NEUTROPHILS (COULTER)	0.4	0-1	

COMMENT:

500685.011.0010

**ST MARY'S REGIONAL
MEDICAL CENTER**

Lewiston, ME 04240

RADIOLOGY REPORT

FANTOZZI, RONALD M
Phone #(207)782-3873
DOB [REDACTED] 1962
Attending: MICHAEL J BOULANGER
Referring:
Visit #3088794
MR #22-13-42
X-Ray #08-99-89
Service Date 06/05/2003
NS/Room /Clinic: RD

LUMBAR SPINE 72110

INDICATIONS: Persistent low back pain for four months.

FINDINGS: No spondylolisthesis or spondylolysis is seen. No compression fracture is seen. The disk spaces are intact.

IMPRESSION: No acute bony pathology seen in the lumbar spine.

J: 277989 MARK EULE, M.D.
D: 06/05/2003 12:47:12
T: 06/06/2003 11:35:01/erw
CC: MICHAEL BOULANGER, M.D., Attending Physician

This document was electronically reviewed/signed by MARK EULE, M.D. on 06/06/2003 12:44:54.

CONFIDENTIAL RECORD REQUIRES
SPECIFIC DISCLOSURE CONSENT.
ANY REDISCLOSURE OF THIS INFORMATION
BY THE RECIPIENT IS PROHIBITED.

Page 1 of 1
RADIOLOGY REPORT

500685.011.0011

**ST MARY'S REGIONAL
MEDICAL CENTER**

Lewiston, ME 04240

RADIOLOGY REPORT

FANTOZZI, RONALD M

Phone #(207)782-3873

DOB [REDACTED] 1962

Attending: PAUL R MAILHOT

Referring: MICHAEL J BOULANGER

Visit #3026651

MR #22-13-42

X-Ray #08-99-89

Service Date 02/05/2003

NS/Room /Clinic: CT

AP ABDOMEN 74000
SPIRAL CT SCAN OF THE ABDOMEN 74150

INDICATION: Left flank pain. History of stones.

FINDINGS: Compared with previous CT scan of the abdomen on 05/31/2002 followed by a KUB on 05/31/2002, which revealed a double-J left ureteral stent in place with left ureteral calculus moved to mid level.

Currently, spiral CT sections were carried from mid hepatic level to the ischial tuberosities. The liver appears normal. No dilatation of the biliary tree. Status post cholecystectomy. Normal-appearing pancreas and spleen (visualized mid and lower portions). No lesion seen in either adrenal gland. Normal renal contours and cortices bilaterally.

Separate minute calculi are seen in the right kidney in the middle pole and in the lower pole. No obstructive features. In the left kidney, there are at least two calculi in the middle pole. One appears to be in the 4- to 5-mm range. No obstruction on the left side. The ureters are normal in course and caliber. The urinary bladder appears unremarkable, as is the prostate gland, which contains two minute calculi on the right. The seminal vesicles are unremarkable.

The aortic caliber is normal. No paracaval, periaortic, or iliac adenopathy.

Several metallic clips are noted in relation to lower ascending colon.

RADIOLOGY REPORT
FANTOZZI, RONALD M
Page 2 of 2

LINCOLN ENGSTROM, M.D. MR#: 22-13-42

IMPRESSION: Two minute calculi in the right kidney without evidence of obstruction. Two calculi in the left kidney without obstructive features. One calculus is in the 4- to 5-mm range. The urinary bladder, prostate, and seminal vesicles are unremarkable. Multiple metallic clips about the ascending colon and relates to previous surgery.

J: 250059 LINCOLN ENGSTROM, M.D.
D: 02/05/2003 13:00:41
T: 02/05/2003 15:17:11/pat
CC: MICHAEL BOULANGER, M.D., Referring Physician
PAUL MAILHOT, M.D., Attending Physician

This document was dictated by LINCOLN ENGSTROM, M.D. and electronically reviewed
/signed by MARK EULE, M.D. on 02/06/2003 09:36:18.

**ST MARY'S REGIONAL
MEDICAL CENTER**

Lewiston, ME 04240

RADIOLOGY REPORT

FANTOZZI, RONALD M

Phone #(207)782-3873

DOB [REDACTED] 1962

Attending: PAUL R MAILHOT

Referring: MICHAEL J BOULANGER

Visit #2502173

MR #22-13-42

X-Ray #08-99-89

Service Date 05/15/2002

NS/Room /Clinic: CT

**PLAIN FILM OF THE ABDOMEN AND AN ABDOMEN CT STONE PROTOCOL
74000, 74150**

Indication for Study: Bilateral flank pain.

PLAIN FILM ABDOMEN

FINDINGS: The left kidney appears edematous secondary to an obstruction by a calculus lodged in the proximal ureter opposite the L3-4 interspace. This calculus is approximately 5 mm in greatest length. There are several additional non-obstructing calculi seen in the lower pole calices on the left. On the right side, there are surgical staples overlying the right colon presumably related to colonic surgery.

IMPRESSION: Findings suggest an acute obstruction of the left upper urinary tract by a 5-mm calculus currently lodged in the left ureter at the level of the L3-4 interspace.

CT ABDOMEN (STONE PROTOCOL)

FINDINGS: Noncontrast images were done from the top of the kidneys to the floor of the pelvis demonstrating acute obstruction of the left upper urinary tract demonstrating hydronephrosis and a hydroureter down to the level of the obstructing calculus as demonstrated on the plain film opposite the L3-4 interspace. There are three more tiny non-obstructing calculi in the lower pole calices on the left and one non-obstructing calculus in the lower pole on the right.

The remainder of the study is unremarkable.

RADIOLOGY REPORT
FANTOZZI, RONALD M
Page 2 of 2

CARL CARLSON, M.D.

MR#: 22-13-42

IMPRESSION

1. Acute high-grade obstruction of the left upper urinary tract secondary to a calculus identified on the plain film opposite the L3-4 interspace.
2. Multiple bilateral non-obstructing calculi are related to lower pole calices in both the left and right kidney.

J: 189691 CARL CARLSON, M.D.
D: 05/15/2002 13:09:37
T: 05/16/2002 08:00:49/clc
CC: MICHAEL BOULANGER, M.D., Referring Physician
PAUL MAILHOT, M.D., Attending Physician

This document was electronically reviewed/signed by CARL CARLSON, M.D. on 05/16/2002 11:33:50.

**ST MARY'S REGIONAL
MEDICAL CENTER**

Lewiston, ME 04240

RADIOLOGY REPORT

FANTOZZI, RONALD M

Phone #(207)782-3873

DOB [REDACTED] 1962

Attending: GEORGE A VRANEY

Referring: MICHAEL J BOULANGER

Visit #2457048

MR #22-13-42

X-Ray #08-99-89

Service Date 03/31/2002

NS/Room/Clinic: RD

CHEST X-RAY **71020**

INDICATION: Chronic bronchitis.

FINDINGS: PA and lateral views of the chest were obtained and compared with 5 October 1998. The lungs are clear. The heart is within normal limits for size and configuration. Mediastinal and hilar contours appear normal. The bony structures are within normal limits for age.

IMPRESSION: Negative examination.

J: 179291 **HENRY TALARICO, M.D.**

D: 04/01/2002 08:33:35

T: 04/01/2002 14:07:43/lgg

CC: MICHAEL BOULANGER, M.D., Referring Physician
GEORGE VRANEY, M.D., Attending Physician

This document was electronically reviewed/signed by HENRY TALARICO, M.D. on
04/01/2002 17:24:43.

Page 1 of 1
RADIOLOGY REPORT

500685.011.0016

**ST MARY'S REGIONAL
MEDICAL CENTER**

Lewiston, ME 04240

RADIOLOGY REPORT

FANTOZZI, RONALD M

Phone #(207)782-3873

DOB [REDACTED] 1962

Attending: MICHAEL J BOULANGER

Referring:

Visit #1582260

MR #22-13-42

X-Ray #08-99-89

Service Date 08/09/2001

NS/Room /Clinic: CT

CT SCAN OF THE ABDOMEN WITH CONTRAST 74160

Indication for Study: Chronic abdominal pain. Elevated lipase. Compared with CT scan of the abdomen (stone protocol) on February 24, 2001.

FINDINGS: Currently, CT sections were carried from the lower lung fields to mid false pelvis. The lower lung fields are clear. Normal hepatic size and contour without primary or secondary lesion. No dilatation of the intrahepatic or extrahepatic biliary tree. The gallbladder is absent. The pancreas appears normal. No splenic abnormality.

No significant paracaval, periaortic; or iliac adenopathy. The abdominal aorta appears normal. No lesions seen in either adrenal gland. Renal contours and cortices are preserved. The pelviccaliceal structures appear normal. Fullness of the left extrarenal pelvis noted without distal obstruction as evident on February 24, 2001. The fullness of extrarenal pelvis on the left and to a lesser extent on the right is attributed to anatomical variant.

IMPRESSION: Negative CT scan of the abdomen. No secondary features of left ureteral obstruction as evident on February 24, 2001.

J: 126625 LINCOLN ENGSTROM, M.D.
D: 08/09/2001 09:28:44
T: 08/09/2001 12:27:07/clc
CC: MICHAEL BOULANGER, M.D., Attending Physician

This document was electronically reviewed/signed by LINCOLN ENGSTROM, M.D. on 08/10/2001 09:03:12.

REGISTRATION				ADMISSION		ST. MARY'S REGIONAL MEDICAL CENTER LEWISTON, ME 1240				
ADM NO 1445280	FC C	ARRIVED DNSP	MED REC # 221342	PATIENT NAME FANTOZZI, RONALD M			SVC GEN	NS/ROOM/BED 0000	NEG DATE 3/23/01	
PATIENT ADDRESS 40 POLAND RD				AGE 038Y	D.O.B. /62		PLACE OF BIRTH CT	SEX M	MARITAL STATUS M	
CITY, STATE, ZIP AUBURN ME 04210				MAIDEN NAME		MOTHER/FATHER NAME				
ATTENDING PHYSICIAN MAILHOT, PAUL R				NEXT OF KIN/SPouse DEBORAH FANTOZZI			NEXT OF KIN/TELEPHONE NO 207 7823873/			
REFERRING PHYSICIAN BOULANGER, MICHAEL J				RACE/SMOKE C	RELG 81	PREV DISCH 10/05/98		EMS NO		
PRIMARY CARE PHYS BOULANGER, MICHAEL J				DATE/TIME ADMITTED 3/23/01 15:03		DATE/TIME DISCH/DEATH 30/00/00 13:00				
PT PHONE # 207 782-3873	ADMIT BY 4310	SOC SEC # 2724	LOCATION		ADMITTING DIAGNOSIS					
EMPLOYER PHONE #	GUARANTOR/NAME/ADDRESS 40 POLAND RD AUBURN ME 04210				VETERAN		XRAY NO 08-99-89			
ADVANCE DIRECTIVE				POWER OF ATTORNEY NONE			LIVING WILL NONE			
INSURANCE CO #/NAME 92 7 CIGNA/AVON CT 50 21 MEDICARE				POLICY NO 006605921-02 006542724A	GROUP NUMBERS 3021616	SUBSCRIBERS NAME(S) FANTOZZI, DEBORAH FANTOZZI, RONALD M			RELATION SP PT	
DIAGNOSIS LT URETERAL STONE / LT ESWL										
COMMENTS pm			TRANS OR ADMIT			DATE LAST SERVICE 10/05/98		PHYSICIAN 02713		
PATIENT INFORMATION										
EMPLOYER NAME			EMPLOYER ADDRESS							
CITY	ST	ZIP 00000	PHONE NUMBER (000)							
GUARANTOR INFORMATION										
NAME FANTOZZI RONALD M				PT RELATION PT	ADDRESS 40 POLAND RD					
CITY AUBURN	ST ME	ZIP 04210	PHONE NUMBER (207) 782-3873							
SOC SEC NO	EMPLOYER					ADDRESS				
CITY	ST	ZIP 00000	PHONE NUMBER (000)							
SUBSCRIBER INFORMATION										
NAME FANTOZZI, DEBORAH			SEX F	PT RELATION SP	ADDRESS					
CITY	ST	ZIP 00000	PHONE NUMBER (000)							
1ST INSURANCE CO NAME CIGNA/AVON CT			ADDRESS PO BOX 354			CITY AVON	ST CT	ZIP 06001		
NAME FANTOZZI, RONALD M			SEX M	PT RELATION PT	ADDRESS					
CITY	ST	ZIP 00000	PHONE NUMBER (000)							
2ND INSURANCE CO NAME MEDICARE			ADDRESS PO BOX 9423			CITY PORTLAND	ST MA	ZIP 00000		
NAME			SEX	PT RELATION	ADDRESS					
CITY	ST	ZIP	PHONE NUMBER							

500685.011.0018

I understand that I can refuse to release medical information for the purposes above listed. I also understand that if I refuse to release this information my insurance company or other person liable to bear my hospital expenses may not pay my expenses while I am treated at Facility and that refusal to release this information may result in improper diagnosis and treatment. I understand that this authorization to release medical information may be revoked (canceled) by me at any time. I understand that Facility may properly rely upon any authorization I have given to release medical information with respect to any disclosure made before revocation of such authorization.

PAYMENT TERMS: I understand payment of charges for medical care from Facility is due for services rendered within thirty (30) days of service unless otherwise determined by Facility, and that I will be responsible for any fee incurred by Facility for collection of delinquent charges or attorney's fees incurred in connection therewith. If I am financially unable to do so, upon request, I agree to complete a detailed financial statement so that alternative payment arrangements can be determined.

PATIENT INITIALS

AUTHORIZATION FOR PAYMENT OF MEDICAL BENEFITS: I certify that the information given by me in applying for payment by the Medicare or Medicaid programs or any managed care provider is correct. I request that payment of authorized benefits be made to Facility and to physicians or organizations providing medical services to me or for my benefit. For extended outpatient services, I request that this authorization apply to the extent of my services. If I receive medical services, which are not covered by Medicare or Medicaid because those programs determine that the services are not medically necessary, I understand that I have the obligation to pay for those services. I agree to pay all charges for services not authorized for payment by any health maintenance organization, preferred provider organization or other managed care organization for which I seek certification for treatment by Facility.

ASSIGNMENT OF BENEFITS: I hereby assign to Facility and related contracted professional service providers all hospital or professional service insurance benefits now due or which may become due and payable to me or on my behalf (but not to exceed the charges for such services) by virtue of my treatment at Facility, and I hereby direct any person including but not limited to, an insurance company, third party administrator, my employer, preferred provider organization or other person responsible for payment of my medical care to pay such benefit directly to Facility. I consider consideration of the care, treatment and services furnished or to be furnished by or through Facility.

AN IMPORTANT MESSAGE FROM MEDICARE/CHAMPUS: I certify that I have received the Medicare Bill of Rights entitled "An Important Message From Medicare/Champus". Acknowledgement of receipt of this message does not waive any of my rights to request a review or make me liable for payment.

NOTICE: I understand Facility will provide information about my general condition and location within Facility in order to respond to questions about my condition, so I may receive telephone calls, visitors, mail, gifts or other deliveries, and to facilitate communications with the Facility's pastoral services department and clergy, except as required by law. I have been notified that by marking the box my name will be removed from the directory listing of persons cared for at the Facility, and understand that removal of my name from the directory may result in the inability of the Facility to direct visitors, correspondence or telephone calls to me.

NAME OF INSURANCE COMPANY/THIRD PARTY PAYOR: *Cigna Medicare*

I have read this consent/authorization/assignment statement completely.

3-23-01 0900 Roni Zamm 3-23-01 0900 B

Date Time Patient's Signature Date Time Witness' Signature

Date	Time	Patient's Representative Sig. (Legal guardian/POA)	Relationship
------	------	---	--------------

Date	Time	Telephone Consent By	Date	Time	Witness' Signature
------	------	----------------------	------	------	--------------------

Date	Time	Guarantor's Signature	Relationship
------	------	-----------------------	--------------

Admission Form 12/2000 - 140209

DAY SURGERY 3/23/01 1445280
K-2 221342 MAILHOT, PAUL
J. POLAND, RD
FANTZI, RONALD
AJ BURN
600-0210 ME
302-821-873
04210
102-821-873

St. Mary's Regional Medical Center

Day Surgery Unit
History and Physical
Post Op Instructions

DAY SURGERY 3/23/01 1445280
221342 MAILHOT, PAUL
ANTOZZI, RONALD M
3 POLAND RD
LUBURN ME 04210
DOB 8/62 TEL 782-3873
06605921-02 3021616

ADDRESSOGRAPH

DATE	HISTORY
	PHYSICAL EXAM:
	VITAL SIGNS: T _____ P _____ R _____ B/P _____
	HEART:
	LUNG:
	OTHER:
Date & Time	OP NOTE:
3/23/01	PRE OP DX: <input checked="" type="checkbox"/> Ureteral Calculus
	POST OP DX: <input checked="" type="checkbox"/> Ureteral Calculus
	PROCEDURE: ESWL
	SURGEON: Mailhot
	ASSISTANT:
	EBL: ✓
	DRAINS:
	COMPLICATIONS: ✓
	SPECIMEN:
	DISCHARGE INSTRUCTIONS:
	DISCHARGE ORDERS: <i>As tolerated</i> ✓
	DIET: <i>As tolerated</i> ✓
	PHYSICAL LIMITATIONS: <i>As tolerated</i> ✓
	MEDICATIONS: <i>Macrodil</i> ✓
	OFFICE VISIT: <i>1 week</i>
	FURTHER INSTRUCTIONS: <i>Noted Poland R 3/23/01</i>

DAY SURGERY POST OP INSTR. (REV. 4/00)

PHYSICIAN SIGNATURE: *Mailhot*DATE: 3/23/01

500685.011.0020

**ST MARY'S REGIONAL
MEDICAL CENTER**
Lewiston, ME 04240

HISTORY/PHYSICAL

22-13-42

FANTOZZI, RONALD M
DOB: [REDACTED] 1962

Admitted:

DICTATOR: PAUL MAILHOT, M.D.

CHIEF COMPLAINT: Left ureteral calculus.

HISTORY OF PRESENT ILLNESS: This is a 38-year-old male with a long history of recurring urolithiasis secondary to Crohn's disease. He recently underwent left ureteral stenting for a left ureteral calculus. He is now being admitted for ESWL of a left upper ureteral calculus. He does have retained calculi in the lower pole of his left kidney as well.

PAST MEDICAL HISTORY: Includes Crohn's disease and a history of urolithiasis.

PAST SURGICAL HISTORY: Includes a cholecystectomy, bowel surgery, various procedures for urolithiasis including ESWL.

ALLERGIES: None known.

SOCIAL HISTORY: The patient denies alcohol drinking or tobacco usage.

MEDICATIONS: OxyContin, Luvox, Imuran and Percocet, Macrobid.

FAMILY HISTORY: Mother is deceased of congestive heart failure. Father is alive and well.

REVIEW OF SYSTEMS: CARDIOVASCULAR: Negative. PULMONARY: Negative. GI: As noted above. MUSCULOSKELETAL: Negative. NEUROLOGICAL: Negative. ENDOCRINE: Negative. PSYCHIATRIC: Mild depression.

PHYSICAL EXAMINATION: Reveals a well-developed, well-nourished male in no acute distress. SKIN: Warm and dry. HEENT: Normal. NECK: Supple without masses or thyromegaly. LUNGS: Clear to auscultation bilaterally. HEART: Regular heart rhythm without murmurs or gallops. Pulses are equal. ABDOMEN: Shows diffuse right sided abdominal pain relating to the patient's Crohn's disease. BACK: 1+ left CVA tenderness. GENITALIA: Reveals an uncircumcised penis with normal testes. RECTAL: Examination reveals a normal prostate gland. EXTREMITIES: No clubbing, cyanosis or edema. LYMPH NODES: None are palpable. NEUROLOGICAL: Nonfocal.

IMPRESSION: Left upper ureteral calculus and left renal calculi.

ORIGINAL

HISTORY/PHYSICAL

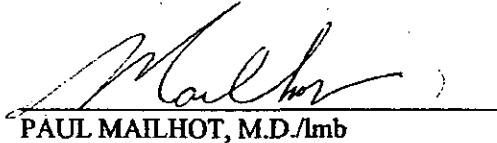
500685.011.0021

HISTORY/PHYSICAL
FANTOZZI, RONALD M
Page 2 of 2

PAUL MAILHOT, M.D.

MR#: 22-13-42

TREATMENT PLAN: ESWL. The procedure, alternatives, risks and possible complications have been explained to the patient.



PAUL MAILHOT, M.D./lmh

J: 95806
D: 03/22/2001 11:07:53
T: 03/22/2001 11:22:29

CC: MICHAEL MONZEL, M.D.
MICHAEL BOULANGER, M.D.

500685.011.0022

**ST MARY'S REGIONAL
MEDICAL CENTER**

Lewiston, ME 04240

RADIOLOGY REPORT

FANTOZZI, RONALD M

Phone #(207)782-3873

DOB [REDACTED]/1962

Attending: PAUL R MAILHOT

Referring: MICHAEL J BOULANGER

Visit #1445280

MR #22-13-42

X-Ray #08-99-89

Service Date 03/23/2001

NS/Room

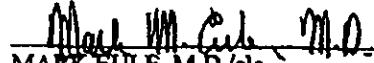
Clinic Code: SD

ABDOMEN

72040

Indication for Study: KUB and obliques.

FINDINGS: Films of the abdomen shows a stone in the lower pole of the left kidney as well as a stone adjacent to the proximal stent catheter. A double pigtail stent is seen in place. Sutures noted on the right.


MARK EULE, M.D./clc

J: 96068
D: 03/23/2001 12:17:43
T: 03/23/2001 15:23:54

CC: PAUL MAILHOT, M.D., Attending Physician
MICHAEL BOULANGER, M.D., Referring Physician

ORIGINAL

RADIOLOGY REPORT

2002

SMRC RADIOLOGY

03/26/2001 MON 13:45 PM 207778503

500685.011.0023

ST. MARY'S REGIONAL MEDICAL CENTER

PRE-ANESTHETIC EVALUATION

DAY SURGERY 3/23/01 1445280
 MR 221342 MAILHOT, PAUL
 FANTOZZI, RONALD H
 40 POLAND RD

M F AGE 38		INTERVIEW DATE: 3/23/01	PROCEDURE DATE: 3/23/01	HAIR: <input checked="" type="checkbox"/> NONE	ME: 04210
CLINICAL DX: <i>Feeling Stale</i>				PREVIOUS ANESTHESIA: 10/10/98 - 02 3021616 <input type="checkbox"/> NONE	
OP PROPOSED: <i>Electrolyte lab</i>				COMPLICATIONS/REACTIONS: <i>Pain, Dizziness, Arrog</i> <input type="checkbox"/> NONE	
HISTORY OF PRESENT ILLNESS:				FAMILY ANESTH. HISTORY: <i>St in Patient OB</i> <input type="checkbox"/> NONE	
SYSTEMS REVIEW: <i>Cardiovascular (HTN, CHF, Angina, MG)</i>				RENAL: <i>Electrolyte lab</i> <input type="checkbox"/> NONE	
				G.I. (Hemol. Hemato) <i>+ Reflex</i> <input type="checkbox"/> NONE	
				ENDOCRINE (Diabetes, Thyroid)	
Pulmonary (Dyspnea, URI, COPD) <i>Clear</i>				OTHER (Jaundice, Hepatitis, Abnormal Bleeding) <i>Chronic 2</i>	
SMOKER: <input checked="" type="checkbox"/> PACKS/DAY QUIT					
CURRENT MEDICATIONS: <i>Oxygentra Genera</i> <input type="checkbox"/> NONE		ALLERGIES: <i>None</i> <input type="checkbox"/> NONE		TOBACCO, ETHANOL, OTHER DRUGS: <input checked="" type="checkbox"/> NONE	
REACTIONS: <i>None</i> <input type="checkbox"/> NONE		MENTAL STATUS: <i>None</i>		LAST ORAL INTAKE: <i>None</i>	
VITAL SIGNS: BP: <i>144/44</i> Temp: <i>100.8</i> HR: <i>138</i> RR: <i>10</i> WL: <i>77</i> (Kg)		GENERAL:		AIRWAY: <i>Expiratory</i> Mouth, Teeth, Neck, Jaw	
LUNGS:		HEART:		SPINE, REGIONAL ANES. SITE: OTHER	
LABS: Hb: <i>14</i> Hct: <i>44</i> Plt: <i>320</i>		LYTES: Gluc: <i>88</i> BUN: <i>15</i>		ABG: Ph: <i>7.4</i> PO ₂ : <i>58</i> PCO ₂ : <i>35</i> HCO ₃ : <i>15</i>	
PRE-MEDS: <i>None</i>		CXR: <i>None</i> EKG: <i>None</i>		OTHER:	
PRE-EVALUATION NOTES: <i>None</i>		ASA Status: <i>2</i> <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> E		SIGNED: <i>None</i>	
DATE: 3/23 Evaluation Satisfactory: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> COMMENTS: <i>None</i>		TIME: <i>None</i>		DAY SURGERY POST-OP VISIT	
SIGNED: <i>None</i>				SIGNED: <i>None</i>	

500685.011.0024

Rev. 7/90

ST. MARY'S REGIONAL MEDICAL CENTER
ANESTHESIA RECORD

SURGEON <i>Mac lot</i>	ANESTH. NO. <i>3345 E</i>
PROCEDURE <i>C. Kealey, Libby</i>	PERMIT <i>Sc</i>
AD F AGE <i>50</i>	HT. WGT <i>78</i>
TECHNIQUE: <input type="checkbox"/> G.A. <input type="checkbox"/> REG. <input type="checkbox"/> S.P.L. <input type="checkbox"/> E.P.D. <input checked="" type="checkbox"/> MAC	DATE <i>3/23/01</i>
ALLERGIES: <i>strychnine</i>	SHEET / OF / <i>Hcl</i>

CASE SURGEON: 3/23/01 1445280
DR. 721342 MAILHOT, PAUL
FANTUZZI, RONALD M
43 POLAND RD
ALBURY, ME 04210
TEL 782-3873
600-33921-32 3021616

PREMED:		TOTALS	
DRUGS	N2O/O2/NC	142100	ANESTHESIA TIME <i>420 040 1125</i>
	<i>Fentanyl 100 100 100</i>		SURGICAL TIME <i>945 1005</i>
INFUSIONS	Venl 22 21		
MONITORS	EKG FiO2 SaO2 ETCO2 WBR PIP/PEEP TEMP SVO2/c.o. PAP/PCWP/CVP PNS TIME	<i>50 50 50 75 86 56</i>	
MONITORS	<input checked="" type="checkbox"/> EKG <input type="checkbox"/> PCS <input type="checkbox"/> ES <input type="checkbox"/> FiO2 <input checked="" type="checkbox"/> SaO2 <input type="checkbox"/> ETCO2 <input type="checkbox"/> TEMP <input type="checkbox"/> PNS	<i>150</i>	
BP	<input type="checkbox"/> MANUAL <input checked="" type="checkbox"/> NIBP <input type="checkbox"/> A-LINE	<i>100</i>	
OTHERS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<i>50</i>	
FLUID	# for events	TOTALS	
Warmer	IV #1 (cc) IV #2 (cc)	<i>1420</i>	
	EBL (cc)		
	URINE (cc)		
POSITION			
AIRWAYS		VENTILATION/MISC	
<input type="checkbox"/> MASK <input type="checkbox"/> OPA <input type="checkbox"/> NPA		CIRCUIT	VENT TYPE
<input type="checkbox"/> ETT SIZE <input type="checkbox"/> CUFF		<input type="checkbox"/> HUMID <input type="checkbox"/> HME <input type="checkbox"/> BLD. WARMER	
<input type="checkbox"/> OR <input type="checkbox"/> NAS <input type="checkbox"/> TRACH		EYES: <input type="checkbox"/> LUBE <input type="checkbox"/> TAPE <input type="checkbox"/> PADS	
<input type="checkbox"/> DIR <input type="checkbox"/> BLIND <input type="checkbox"/> FIBER		CATHERETERS (X) IN SITU	
TIME INT/EXT		<i>1420 1420 EA</i>	
BLADE #ATT			
<input type="checkbox"/> BREATH SOUNDS EQUAL			
ANESTHETIST <i>Tom Kry</i>		ATTENDING SIGNATURE <i>Tom Kry</i>	

MACHINE # *VA*
EQUIP. CHECKED
PRE-OP

INTRA-OP EVENTS:

Monitoring site
Much Tobacco
To open, Brach
Well at site
Catheterite
AXO Breath well
TODAS Sasy
C pulse after

KEY

ANES. OPER. BP A-LINE PULSE RESP { SPONT
 A
 E
 C

ARRIVAL PACU DATE 3/27/01 TIME

B/P *134* PULSE *88* RESP. *15*REMARKS: *SAO2 94%*

AXO Breath well & Pulse

**ST MARY'S REGIONAL
MEDICAL CENTER**

Lewiston, ME 04240

PROCEDURE NOTE (OUTPATIENT)

1445280 22-13-42

FANTOZZI, RONALD M

DOB: [REDACTED] 1962

PAUL R MAILHOT, M.D.

Date: 03/23/2001

dictator: PAUL MAILHOT, M.D.

PROCEDURE: Extracorporeal shock wave lithotripsy.

PREOPERATIVE DIAGNOSIS: Left ureteral calculus.

POSTOPERATIVE DIAGNOSIS: Left ureteral calculus.

PROCEDURE AND FINDINGS: Under adequate conscious sedation, the patient was placed on the lithotriptor table and positioned in order to bring the left ureteral calculus into the proper F2 position. A total of 2500 shocks were administered to the stone with kilovolts between 18 and 26. At one point, it was necessary to decrease the power because of discomfort, of which the patient complained. Nevertheless, the stone appeared to fragment, hopefully enough to enable him to pass all of the fragments. The patient tolerated the procedure well and was transferred back to Same Day Surgery in satisfactory condition.

PLAN: The patient will be maintained on his Macrobid and analgesics at home. He is to return to the office in one week for an x-ray and evaluation.



PAUL MAILHOT, M.D./rlg

J: 96043
D: 03/23/2001 11:36:15
T: 03/26/2001 09:28:17

CC:	MICHAEL BOULANGER, M.D. MICHAEL MONZEL, M.D.
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ORIGINAL
PROCEDURE NOTE

500685.011.0026

ST. MARY'S PROFESSIONAL MEDICAL CENTER
CONSENT TO OPERATION, ANESTHETICS,
AND OTHER MEDICAL SERVICES

Date: 3-23-01 Time: 0900

SURGERY 3/23/01 1445280
MR 221342 MAILHOT, PAUL
FANTOZZI, RONALD H
43 POLAND RD
AUBURN ME 04210
the following procedure TEL 782-3873
0342322-02 3021616

PLEASE READ IN FULL BEFORE SIGNING AUTHORIZING SIGNATURES

Dave
Witness

GNING AUTHORIZING SIGNATURE

Signature of Patient

If patient is unable to sign or is a minor, complete the following: Patient is a minor _____ years of age. He/She is unable to sign because _____.

Witness

Signature

Relationship

Patient's Name

~~I certify that the information in number 4 was given to~~

Physician's Signature

140026
ORCONSENT

500685.011.0027

PATIENT DATA
 DAY SURGERY 3/23/01 1445280
 MR 221342 MAILHOT, PAUL
 FANTOZZI, RONALD N
 43 POLAND RD
 AUBURN ME 04210
 DOB 1/2 TEL 782-3873
 006605921-02 3021616

Consent for Surgical and Medical Treatment

Patient Name Ronald Fantozzi Date 3/21/01

Patient Number _____ Treatment Location _____

I hereby consent to and authorize the performing physician, residents and other individuals involved in this care to perform the following procedures or treatment:

ESWL

and such additional operations or procedures as are considered advisable on the basis of findings during the course of this procedure(s), including blood transfusion:

The physician performing the procedure or his designee has explained to me the purpose and benefits of, and the usual and most frequent risks and hazards involved in such procedures and treatment, including but not limited to:

BLEEDING, INFECTION, URETEROSCOPY

The physician performing the procedure or his designee also has explained to me any reasonable alternative treatments or procedures and, as appropriate, their usual and most frequent risks and hazards. I understand that I have the right to refuse any suggested procedures or treatment.

I understand that the practice of medicine is not an exact science and practitioners cannot guarantee results. No guarantees have been made to me concerning the results of the proposed procedures or treatments. I am aware that other risks such as severe loss of blood, infection and cardiac arrest exist with the proper performance of any treatment or procedure.

Paul Mailhot 3/21/01 Ronald Fantozzi 3/21/01

SIGNATURE OF PHYSICIAN OR DESIGNEE DATE

SIGNATURE OF PATIENT DATE

If the patient is a minor or is unable to give informed consent, the following must be completed:

The patient is unable to sign this consent form for himself or herself because

SIGNATURE OF PHYSICIAN OR DESIGNEE DATE

SIGNATURE OF PATIENT REPRESENTATIVE DATE

IDENTIFICATION OF BLOOD RELATIONSHIP OR AUTHORIZED CAPACITY TO CONSENT

If consent is obtained by telephone, the following must be completed:

- 1) Consent obtained by telephone ; check if yes.
- 2) Name of person giving consent and relationship to patient: _____
- 3) Name of third party witness: _____
- 4) Signature of third party witness: _____
- 5) Signature of Physician/Designee: _____

Ronald Fantozzie

601 MAIN STREET, SUITE #300
LEWISTON, ME 04240
(207)783-7892Surgery 3/23/01 1445280
MR. 221342 MAILHOT, PAUL
FANTOZZI, RONALD M
40 POLAND RD

INFORMED CONSENT FOR ESWL

AUBURN ME 04210
07/62 TEL 782-3873
004903921894 3021616

Extracorporeal Shock-Wave Lithotripsy (ESWL) is a non-invasive method of treatment of renal and ureteral stones. This method has now been in clinical use for eight years and the majority of stones located in the upper urinary tract are potentially eligible for this noninvasive procedure. The lithotripter generates shockwaves under water that pass through the soft tissue of the body and are concentrated upon the stone. This high energy source is likely to pulverize the stone into small particles the size of sand or gravel. Most patients will pass these particles spontaneously in their urine during the weeks following a lithotripsy treatment. Anesthesia may be required for ESWL, as shockwave therapy with the current FDA approved devices can be painful. Some flank pain may be anticipated for several days following the lithotripsy treatment. Most patients will have bloody urine for several days or perhaps weeks following the treatment as the particles pass. It is even possible that a patient could experience obstruction of flow of urine by large fragments following lithotripsy treatment and this might necessitate cystoscopic or surgical intervention. The placement of a double-J stent prior to lithotripsy treatment may help to eliminate this possibility.

Other possible side-effects include anemia, nausea and vomiting, and in rare incidences hematomas involving the kidney. The occurrence of new onset hypertension is controversial. Most investigators do not currently feel there is enough evidence to support a causal relationship between ESWL and new onset hypertension.

The obvious advantage to lithotripsy treatment is that it obviates the need for surgical treatment in a large percentage of patients. Certain types of stones, however, may not be pulverized with lithotripsy treatments and may require other procedures to eliminate these stones. These other procedures include: percutaneous removal, ureteroscopy, and rarely open surgery.

Following the lithotripsy treatment, follow-up x-rays and renal ultrasounds will be obtained to assess the passage of stone particles. If a stent has been placed prior to the lithotripsy treatment, this will be removed when most of the particles have passed. Repeat ESWL procedures may be necessary if large fragments remain or are not well pulverized.

I understand the above information and agree to proceed with extracorporeal shockwave lithotripsy as outlined by Dr. Mailhot.

Ronald Fantozzie
Signature

3/31/01
Date

Heather Ron
Witness

Paul H. Mailhot
Paul H. Mailhot, M.D.

Signal Medical Services, Inc.
Mobile Lithotripsy Unit

DAY SURGERY 3/23/01 1445280

221342 MAILHOT, PAUL

4410221, RONALD M

63 PELLAND RD

AUBURN ME 04210

933 162 TEL 782-3873

800-3921-22 3024646

2724

Date: 3/23/01 ESWL Number:
 Hospital Mobile Site: St. Mary's Regional Medical Center
 Patient Name: RONALD MAILHOT Social Security No.
 Address: 4410 Polkina Rd Sub. Me 04210 Phone: 782-3873
 Age: 38Y Sex: M Height: 5'8" Weight: 77.3KG
 Attending Urologist: DR. R. MAILHOT Anesthesiologist: DR. BELLOSO
 Treatment Side: Right Left Bilateral Ipsilateral (if bilateral or ipsilateral, complete a separate form for each stone).
 Staged: _____ # _____ Regtreatment: _____

Anesthesia Type: General Spinal Epidural Local MACTime: In Trailer 1040am Out Trailer Anesthesia Started: 1045am Anesthesia Ended: Total Anesthesia Time: ESWL Started: 1050am ESWL Ended: 1120 Total Procedure Time: Delays: Yes No If YES, reasons why: Fluoroscopy Time:(minutes) 2.6 Number of Spot Films: KV 81 MA 28

Stone	Electrode#	20	Shocks at	14	kv	ICGy x 2 cm ²
Stone	Electrode#	20	Shocks at	16	kv	ICGy x2 cm ²
Stone	Electrode#	20	Shocks at	18	kv	
Stone	Electrode#	20	Shocks at	20	kv	
Stone	Electrode#	20	Shocks at	22	kv	
Stone	Electrode#	20	Shocks at	24	kv	

Total Number of shocks: 2880Voltage: 14 Minimum 26 Maximum

*At frequently
fluoroscopy*

Ureteral Catheterization: Right Left Bilateral Percs? Right Left Stents? Right 0 Left ✓ Date of insertion: 3/9/01Swelling: None S M L Erythema: None S M L Entrance Petechiae: Exit Petechiae:

Hematuria: YES NO CLOTS

ESWL RENAL STONE LOCATIONS(S)

Classification: Right LeftPelvic Calyceal #2 ✓Ureteral #1 ✓Upper #1 ✓Middle Lower Stone Composition Maximum Stone Length & Width Associated Anatomic Abnormalities: Complications: Comments: Physician Signature: DR. Mailhot

orlit2

PLEASE DRAW IN STONES AND STENTS
(Write in stone size)

Yonda Mailhot

